



Ministry of Health and Long-Term Care

Ministère de la Santé et des Soins de longue durée

Inspection Report under the Long-Term Care Homes Act, 2007

Rapport d'inspection sous la Loi de 2007 sur les foyers de soins de longue durée

Health System Accountability and Performance Division
Performance Improvement and Compliance Branch

Hamilton Service Area Office
119 King Street West, 11th Floor
HAMILTON, ON, L8P-4Y7
Telephone: (905) 546-8294
Facsimile: (905) 546-8255

Bureau régional de services de Hamilton
119, rue King Ouest, 11ième étage
HAMILTON, ON; L8P-4Y7
Téléphone: (905) 546-8294
Télécopieur: (905) 546-8255

Division de la responsabilisation et de la performance du système de santé
Direction de l'amélioration de la performance et de la conformité

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Table with 4 columns: Report Date(s) / Date(s) du Rapport, Inspection No / No de l'inspection, Log # / Registre no, Type of Inspection / Genre d'inspection. Row 1: May 8, 2014, 2014_201167_0012, H-000520-13, H-000546-13, Complaint

Licensee/Titulaire de permis

RYKKA CARE CENTRES LP
50 SAMOR ROAD, SUITE 205, TORONTO, ON, M6A-1J6

Long-Term Care Home/Foyer de soins de longue durée

COOKSVILLE CARE CENTRE
55 THE QUEENSWAY WEST, MISSISSAUGA, ON, L5B-1B5

Name of Inspector(s)/Nom de l'inspecteur ou des inspecteurs

MARILYN TONE (167)

Inspection Summary/Résumé de l'inspection

The purpose of this inspection was to conduct a Complaint inspection.

This inspection was conducted on the following date(s): May 2, 6, 7, 2014

During the course of the inspection, the inspector(s) spoke with the Administrator, the Director of Care, nursing staff and identified residents.

During the course of the inspection, the inspector(s) conducted a review of the health files for identified residents, reviewed relevant policies and procedures and observed care.

The following Inspection Protocols were used during this inspection:



Hospitalization and Change in Condition
Personal Support Services

Findings of Non-Compliance were found during this inspection.

| NON-COMPLIANCE / NON - RESPECT DES EXIGENCES | |
|---|--|
| <p>Legend</p> <p>WN – Written Notification VPC – Voluntary Plan of Correction DR – Director Referral CO – Compliance Order WAO – Work and Activity Order</p> | <p>Legendé</p> <p>WN – Avis écrit VPC – Plan de redressement volontaire DR – Aiguillage au directeur CO – Ordre de conformité WAO – Ordres : travaux et activités</p> |
| <p>Non-compliance with requirements under the Long-Term Care Homes Act, 2007 (LTCHA) was found. (A requirement under the LTCHA includes the requirements contained in the items listed in the definition of "requirement under this Act" in subsection 2(1) of the LTCHA.)</p> <p>The following constitutes written notification of non-compliance under paragraph 1 of section 152 of the LTCHA.</p> | <p>Le non-respect des exigences de la Loi de 2007 sur les foyers de soins de longue durée (LFSLD) a été constaté. (Une exigence de la loi comprend les exigences qui font partie des éléments énumérés dans la définition de « exigence prévue par la présente loi », au paragraphe 2(1) de la LFSLD.</p> <p>Ce qui suit constitue un avis écrit de non-respect aux termes du paragraphe 1 de l'article 152 de la LFSLD.</p> |

WN #1: The Licensee has failed to comply with LTCHA, 2007 S.O. 2007, c.8, s. 6. Plan of care

Specifically failed to comply with the following:

- s. 6. (9) The licensee shall ensure that the following are documented:
1. The provision of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
 2. The outcomes of the care set out in the plan of care. 2007, c. 8, s. 6 (9).
 3. The effectiveness of the plan of care. 2007, c. 8, s. 6 (9).



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Findings/Faits saillants :

1. The licensee did not ensure that the following was documented for residents # 001 and # 005: The provision of care set out in the plan of care.

A) The plan of care for resident # 001 for the time period between January and April 2013 indicated that the resident was to receive a shower twice per week.

- During interviews with staff, it was confirmed that the resident frequently refused to have their shower.

- The Director of Care confirmed that if residents refused their showers or baths that the personal support worker staff would be expected to document the refusal on the "PSW Documentation Record" and notify the charge nurse.

- A review of the "PSW Documentation Record" and the progress notes for resident # 001 for the months of January, February, March and April 2013 took place. It was noted that there was no documentation related to whether resident # 001 received their showers or if they refused them on five scheduled shower days in January 2013, six scheduled shower days in February 2013, three scheduled shower days in March 2013 and one scheduled shower day in April 2013.

B) The plan of care for resident # 005 for the time period between January and April 2013 indicated that the resident was to receive a shower twice per week.

- The Director of Care confirmed that if residents refused their showers or baths that the personal support worker staff would be expected to document the refusal on the "PSW Documentation Record" and notify the charge nurse.

- A review of the "PSW Documentation Record" and the progress notes for resident # 005 for the Months of January, February, March and April 2013 took place. It was noted that there was no documentation related to whether resident # 005 received their showers or if they refused them on four scheduled shower days in January 2013, three scheduled shower days in February 2013, four scheduled shower days in March 2013 and two scheduled shower days in April 2013. [s. 6. (9) 1.]



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Additional Required Actions:

VPC - pursuant to the Long-Term Care Homes Act, 2007, S.O. 2007, c.8, s.152(2) the licensee is hereby requested to prepare a written plan of correction for achieving compliance to ensure that the following is documented: 1) The provision of the care set out in the plans of care for residents, to be implemented voluntarily.

Issued on this 15th day of May, 2014

Signature of Inspector(s)/Signature de l'inspecteur ou des inspecteurs

Shane Kelly for Marilyn Tone